



**APPLICATION FOR FINANCIAL ASSISTANCE
2022/2023**

Closing Date for Applications 12th October 2021 – no applications will be considered after that date.

Name of Organisation

Contact Details

(person with whom this application can be discussed and to whom any cheque should be sent)

Name

Position

Address

Post Code:

Telephone Number

Does the organisation have a membership?

**delete as appropriate*

*Yes / No

If yes please state

The current number of members.....

The rate of annual subscription £..... / annum

If No, who is the organisation accountable to?

Please specify

If applicable to your organisation, are your volunteers / coaches appropriately trained?

**delete as appropriate*

*Yes, please specify.....

* No, please explain.....

Are your volunteers / coaches checked? (e.g. Enhanced CRB and Proof of)

**delete as appropriate*

*Yes, details.....

* No, details.....

For Office Use Only

Grant Awarded £.....

Cheque No.:

Meeting Date:

Project Information

What would the grant be used for?
General running costs / New project Please specify with as much detail as possible.....

*please continue on separate sheet if required.

Approximately how many people will benefit from this grant?

Total number.....

Number of Sarratt residents.....

How will the residents of Sarratt benefit? (please continue on a separate sheet if required.)

For Office Use Only

Grant Awarded £.....

Cheque No.:

Meeting Date:

Project Costs

Total cost of project	£	<i>(please supply quotes if possible)</i>
How much assistance are you requesting from Sarratt Parish Council?		
£		

How do you intend to fund the rest of the project?

- Use of existing funds? Please specify amount
£.....
- Fundraising? Please specify amount anticipated
£.....
- Grants from other sources? Please specify sources and amount.....

Payment Details

Account title
Account number
Sort Code
Bank / building society name and address

Please note cheques will be made payable to the name of the organisation and sent to the contact as detailed unless otherwise advised.

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Grant Awarded £.....
 Cheque No.:
 Meeting Date:

Declaration

Please sign this form to confirm that:

- The information supplied is full and correct to the best of your knowledge;
- You have read, understood and complied with the conditions of funding;
- It is understood that Sarratt Parish Council reserve the right to reclaim the grant in the event of it being used for purposes other than specified, or the organisation ceasing to operate.

Signed

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Name

.....

Position

.....

Date

.....

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Grant Awarded £.....

Cheque No.:

Meeting Date: